

Issue Classification				Application No.		Applicant(s)	
				10/816,709		CHAUDHURI ET AL.	
				Examiner		Art Unit	
				PHUC H TRAN		2666	

ORIGINAL				CROSS REFERENCE(S)																																																																																																																																																																																																																																																																																																																																																																																																																															
CLASS		SUBCLASS		CLASS		SUBCLASS (ONE SUBCLASS PER BLOCK)																																																																																																																																																																																																																																																																																																																																																																																																																													
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PHUC TRAN 11/3/04 (Assistant Examiner) (Date)				D.M. 11/3/04 (Primary Examiner) (Date)								Total Claims Allowed: 3																																																																																																																																																																																																																																																																																																																																																																																																																							
Paul Mitchell 10/15/04 (Legal Instruments Examiner) (Date)				12/9/04 (Date)								O.G. Print Claim(s)		O.G. Print Fig.																																																																																																																																																																																																																																																																																																																																																																																																																					
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<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
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4		34		64		94	
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7		37		67		97	
8		38		68		98	
9		39		69		99	
10		40		70		100	
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13		43		73		103	
14		44		74		104	
15		45		75		105	
16		46		76		106	
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23		53		83		113	
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30		60		90		120	